Responses to questions:

Q1. Section 3.3, Page 17 Item A
Is there a formal written policy and guideline document from the Alabama Department of Human Resources concerning the federal drug protocol mandate?

R1. Yes. See Amendment #2 and 3.4 D-1. The DHR policy and procedures are being developed. The county DHR and all vendors will receive training.

Q2. Regarding RFP # 2014-100-02 section 4.2, p 22 Proposal Format: Item Tabs.
We are confused regarding tabs. It said, do not use adhesive tabs (on pages of proposal) but tabs must be labeled and must correspond to sections and subsections in section 4 (titles and numbers). Some of the titles are almost a full line and there might be multiple tabs per page. Questions: How are we to attach the tabs? What size/type tab should be use? Where should they be attached?

R2. Tabs may be attached to a blank sheet of paper or vendors may use tab dividers. The size of tab is the vendor's decision. Do not use tabs with paper inserts. Tab should be attached on the right side of the page. The number on the tab should reference to first section on the page. Titles may be abbreviated.

Q3. PROPOSED SERVICE SUMMARY FORM
What will be accepted to show 504 Assurance of Compliance?

R3. A copy of the 504 Assurance of Compliance certificate will be acceptable.

Q4. What is acceptable documentation for Life Safety Report?

R4. The Life Safety Report or a summary of the report ensuring compliance will be acceptable.

Q5. Page 15 (or amendment 2) Section 3.0
A. Is there a minimum IQ for this level of care?

B. Are there certain Diagnosis in the DSM-5 that are excluded from this level of care?

3rd paragraph
C) References are made to Federal protocol that selected vendors must follow, such as medications and appropriate dosages. Did I overlook those details in the memo ACF—IM 03?

R5. A. Per Chapter 105, page 105-5 Treatment eligibility is limited to individuals with a diagnosis within the range of 290-316.

B. See R5. A.

C. State DHR-Family Services is currently developing policy and procedures for the Federal protocol. This information will be shared in trainings with the county DHR and all vendors.

Q6. What DHR staff will provide "diligent and thoughtful" oversight of medical care and use of psychotropic medications?

R6. **State DHR- Family Services is currently developing policy and procedures for the Psychotropic Medication protocol. This information will be shared in trainings with the county DHR and all vendors.**

Q7. Last paragraph, Amendment 2
Has DHR chosen a trauma informed assessment tool to be done on all children entering foster care?

R7. **State DHR- Family Services is currently developing policy and procedures for the Psychotropic Medication protocol. This information will be shared in trainings with the county DHR and all vendors.**

Q8. Has DHR Developed policy regarding informed consent and psychotropic medications? What PRN medication protocols are expected? Does DHR have a preference/protocol on HOW notification and consent should be obtained, such as, by email, fax or telephone? Is there an expectation that selected vendors will have nurses on staff or will DHR provide training for Vendor staff regarding these medication protocols?

R8. **See Amendment #2 and 3.4 D-1. State DHR- Family Services is currently developing policy and procedures for the Psychotropic Medication protocol. This information will be shared in trainings with the county DHR and all vendors.**

Q9. Page 16 (same issue) Section 3.2, E.
The physician who prescribes medication is not always present at the ISP/treatment plan. How best can Vendors accomplish informed consent as stated in this section? What is considered ample time?

R9. **State DHR- Family Services is currently developing policy and procedures for the Psychotropic Medication protocol. This information will be shared in trainings with the county DHR and all vendors.**

Q10. How are vendors to address these issues when youth come in to placement on medications?

Can a form be developed that workers sign acknowledging they have followed the protocol ….?

R10. State DHR- Family Services is currently developing policy and procedures for the Psychotropic Medication protocol. This information will be shared in trainings with the county DHR and all vendors.

Q11. O. What outcome data is being requested to be reported to SDHR-Division of Resource Management?

R11. The form will be provided post award.

Q12. P. Is there a format Survey results should be reported? (pg 17)

R12. Instructions will be provided post award.

Q13. SECTION 3.2 F
Should this say "work with the DHR worker and ISP team to develop a Behavior management plan?"

R13. F states develop with input and collaboration with the family ISP Team (which includes the DHR worker).

Q14. M. In the case of runaways or children hospitalized, and return to the program is not expected, what protocol should be followed? How many days should beds br "held" in these situations? When they are expected to return, what protocol should be followed to have their bed secured?

R14. If a child is not expected to return, the vendor should discharge immediately and send a notice to Division of Resource Management, Office of Contracts, Office of Resource Development and Utilization. If the child is expected to return, the bed can be held for ten (10) days. Vendors are paid the room and board rate.

Q15. 3.3 Core Services Moderate RFP 2014-100-02
C. What mileage range is considered "local"? What vendor's staff would be asked to supervise family visits and make reports to the county DHR? (such as child care worker or therapist) Is there a form to share with the county DHR workers that can be provided to vendors? Would this report be used for weekend visits off campus between the child and family?

R15. Local should be defined in the initial ISP.

Q16. J. Can group be authorized in the ISP more frequently than once a week?

R16. See Core Services. J. states, Consistent with the ISP, provide Bi-weekly (2x) group therapy sessions for children.

Q17. N. Are providers required to provide family counseling?

R17. N. States, 'Provide family counseling, as identified in the family's ISP.' If it is not in the ISP the service does not need to be provided.

Q18. P. Can Vendors do diagnostic testing if identified in an ISP and bill medicaid for reimbursement when provided by qualified staff? Is it required of Vendors?

R18. Not under the Moderate NPI number.

Q19. Q. "away from the facility activities" Does this mean while staff and children are together away from the facility?

Second bullet....same sec Is this for kids and staff? If residents are injured at school off campus or home passes what is expected from vendors regarding reporting?

R19. Staff must report incident if the injury occurred while staff and children are together away from the facility. If residents are injured at school, off campus, on a field trip, home passes, at work, etc., vendors are required to report the incident. If an incident occurs (whether or not staff members are with the resident), vendors are required to report the incident.

Q20. What are examples of incidents that place the health, welfare or safety of a child at risk?

R20. Outbreak of a contagious disease, staph infection, lice; runaways; bomb threats; disgruntled parents/staff/others making threats to cause physical harm; physical altercations; non-supervision of residents and neglect of medical care, etc.

Q21. R. Does this section come from the new law passed? Can someone other than the executive director report to SDHR?

R21. This is a requirement of the Minimum Standards for Residential Child Care Facilities. The Executive Director may delegate this responsibility to a staff member.

Q22. What are vendors to do when ISP's do not include appropriate language to authorize Chapter 105 services ?

R22. Contact DHR worker, DHR supervisor, and Division of Resource Management, Office of Contracts.

Q23. Section 3.4
Do the county workers know this is their responsibility?

A. With kids in moderate care, can Vendors request weekly contact from the County workers ?

B. What are vendors to do when ISP's are not completed nor shared in the required 10 days?

D What is policy for kids coming into foster care and their initial physical? Who is responsible for this and how long after entering foster care should this be completed?

R23. **A. At the initial ISP, if a vendor requests this, it should be written in the ISP with an agreement of what type of weekly contact the vendor will have with worker.**

B. Request assistance in receiving the completed ISP from DHR-Division of Resource Management- Office of Contracts.
To have the ISP, request from worker, supervisor and county director. If no response, request from State DHR-Family Services.

D. The policy regarding medical examinations is: It is preferable that a medical examination be made prior to the child's entry into care. If this is not possible, the examination must be made within ten (10) days after placement. The initial examination may be obtained through EPSDT Medicaid Screening if the child is eligible for Medicaid or by a physician or pediatrician. The DHR worker is responsible for this. When a child is placed in foster care and is eligible for Medicaid, screening should be requested except when a child has already been screened; has had a medical assessment within 3 months prior to placement in foster care; or when a medical assessment other than Medicaid Screening is needed.
(DHR Policy-Out Of Home Care- Health/ Medical 2007).

Q24. 2. Is this an ISP decision on who takes child to the appointments and does follow up?

R24. **Please see 3.3 C.**

Q25. I. What Medicaid limits would the county be requesting changes in?

R25. **The county requests the limits to be lifted on children that have used all the limits of a certain category i.e., counseling. The counties send this to State DHR-Family Services.**

Q26. Page 27, 5.0 Cost proposal
What portion of the daily rate will be state dollars? What portion will be medicaid dollars?
Is is possible for the providers to keep the money for all the medicaid services billed? Under what circumstances would the full daily rate be funded by state or local funds?

R26. **Room and board reimbursements, which are paid by the Department vary due to many factors associated with the child in care, as does Medicaid reimbursable services.**

DHR pay the providers 100% of authorized services claimed through the Medicaid system.

The full proposed daily rate is reimbursed on non-Medicaid eligible children, only.

Q27. Section 1.7.3: Primary Vendor/Subcontractors
Would having a contract counselor for one home be the same as utilizing a subcontractor? If so, would we need permission to do so?

R27. Yes, if a person is not on vendor payroll, receiving benefits, they would be a subcontractor. SDHR- Division of Resource Management – Office of Contracts.

Q28. Section 3: Scope of Project
On original instructions, page 15 of 40, the last paragraph is not on amendment 2. Do we disregard the paragraph on the original instructions?

R28. No.

Q29. Section 3.4: Responsibilities of DHR
Do we need to respond/list in any way this section in the RFP?

On letter of H of this section, the same statement is made on letter F of core services. Want to clarify who is responsible for the first $50.00 for these items. The statement that over $50.00 is the responsibility for DHR is in bold.

R29. No, you do not need to respond to the DHR responsibilities. Those were placed there for your information only.

Letter H begins by repeating the core service of the provider and highlights the responsibility of DHR that is in bold. The vendor is responsible for the first $50.

Q30. Section 4.2.5.1.1: Vendor Profile and Experience
Does the organizational profile need to include an actual organizational chart? If so, would it only be for the portion of our program that is related to this RFP?

R30. The organizational profile may include an organizational chart or it may include a written description. Vendors must decide how to best present the proposed programs to clearly convey their organizational infrastructure.

Q31. Under Section 3: Scope of the Project
3.0 Moderate Residential Care Service Programs states that there is a requirement of a Diagnostic & Statistical Manual; Fifth Edition (DSM- V) diagnosed mental illness from a psychological evaluation conducted within the past 24 months for Moderate Care admission. Since the DSM – V is newly implemented in 2014, beginning in October; there cannot be a consideration for a past 24 months. As a result, will the SDHR consider

DSM -IV –TR diagnoses that are within the 24 month requirement for children already in Foster Care who are referred to other agencies? Or will the clients stepping up or down be required to have a new psychological to be accepted into a placement?

R31. Each child entering Moderate care is expected to have a Psychological in the last 24 months with a mental health diagnosis. That can be with a DSM IV, DSM IV TR or a DSM V.